

NFIRS 5.0 Self Study Program
Apparatus or Resources Module: NFIRS 9

Objectives

After completing the Apparatus/Resources Module you will be able to:

1. Describe when the Apparatus/Resources Module is to be used.
2. Demonstrate how to complete the Apparatus/ Resources Module and identify appropriate other modules required, given the scenario of a hypothetical incident.

Pre-Test #9 - Apparatus or Resources Module

1. A Basic Module must be completed if the Apparatus or Resources Module is completed.
 - (a) True
 - (b) False
2. The Apparatus or Resources Module is a required NFIRS Module. (Answer B)
 - (a) True
 - (b) False
3. Resource counts are not needed on the Basic Module if the Apparatus or Resources Module is used.
 - (a) True
 - (b) False
4. When the Personnel Module is used, the Apparatus or Resources Module can also be used to record information and details about apparatus resources.
 - (a) True
 - (b) False
5. For paper reporting, all resources can be pre-printed on the form(s) and resources sent to the incident are flagged as being sent.
 - (a) True
 - (b) False

*Using the
Apparatus/Resource*

Using the Apparatus/Resource Module

The Apparatus Module (NFIRS-9) is an optional module that is used to help manage and track apparatus and resources used on incidents. The Personnel Module (NFIRS-10) should be used when details about apparatus and personnel are needed. Resource counts are not needed on the Basic Module (G1) if either Apparatus Module or Personnel Module is used.

Section A

Section A: FDID, State, Incident Date, Station, Incident Number, Exposure

| | | | | | | | | | | |
|----------|------|-------|----|----|------|---------|-----------------|----------|--|---|
| A | FDID | State | MM | DD | YYYY | Station | Incident Number | Exposure | <input type="checkbox"/> Delete <input type="checkbox"/> Change | NFIRS - 9 Apparatus or Resources |
| | ☆ | ☆ | ☆ | ☆ | ☆ | ☆ | ☆ | ☆ | | |

The information in Section A is drawn from Section A of the Basic Module. It can be used to recall the incident from the computer program or to print a hard copy of the incident. In an automated system, some systems may allow you to enter a data element one time and it will automatically fill-in all fields where that information is required. When using hard copies you will have to enter the Section A information for every module.

Section B

Section B: Apparatus or Resource, Dates & Times, Sent, Number of People, Use and Actions Taken

| B | Apparatus or Resource ☆ Use codes listed below | Dates and Times | | | | Sent | Number of People ☆ | Use ☆ Check ONE box for each apparatus to indicate its main use at the incident. | Actions Taken | | |
|----------|---|-----------------|--------------------------|------|------------|------|--------------------|---|---------------|--|--|
| | | Month | Day | Year | Hours/Mins | | | | | | |
| 1 | ID | Dispatch | <input type="checkbox"/> | | | | | <input type="checkbox"/> | Suppression | | |
| | | Arrival | <input type="checkbox"/> | | | | | <input type="checkbox"/> | EMS | | |
| | Type | Clear | <input type="checkbox"/> | | | | | <input type="checkbox"/> | Other | | |

In Section B you will document all apparatus that were used to control the incident: for paper-reporting, if there were more than nine pieces of apparatus responded to an incident, use additional sheets to record the information about the additional apparatus.

Section B is divided into six blocks. You will fill out all six blocks for each piece of apparatus that you record.

| | | |
|------------------------|------------------------------|-------------------|
| B | Apparatus or Resource | ☆ |
| Use codes listed below | | |
| 1 | ID | _ _ _ _ _ _ _ _ _ |
| Type | | _ _ _ |

Record information and details about the apparatus and/ or resources used at an incident. This information is useful in determining actual apparatus requirements for different types of incidents and for different levels of incident severity as well as tracking times and actions taken by apparatus or resource type.

Enter the type and identification number of each apparatus or resource used at the incident. If more than nine resources or apparatus were used, complete an additional NFIRS-9 module.

Various types are grouped into the following categories:

- Ground Fire Suppression
- Marine Equipment
- Heavy Ground Equipment
- Support Equipment
- Aircraft
- Medical & Rescue

Please see the codes listed for this data element in the Quick Reference Guide.

*Dates and
Times*

DATES AND TIMES

The second block records the dates and times at which the apparatus was used.

| Dates and Times | | | | |
|--|--------------------------|---|---|---|
| <div style="display: flex; align-items: center; justify-content: center;"> Check if same date as alarm </div> | | | | |
| | Month | Day | Year | Hours/Mins |
| Dispatch | <input type="checkbox"/> | <div style="border: 1px solid black; width: 20px; height: 20px;"></div> | <div style="border: 1px solid black; width: 20px; height: 20px;"></div> | <div style="border: 1px solid black; width: 20px; height: 20px;"></div> |
| Arrival | <input type="checkbox"/> | <div style="border: 1px solid black; width: 20px; height: 20px;"></div> | <div style="border: 1px solid black; width: 20px; height: 20px;"></div> | <div style="border: 1px solid black; width: 20px; height: 20px;"></div> |
| Clear | <input type="checkbox"/> | <div style="border: 1px solid black; width: 20px; height: 20px;"></div> | <div style="border: 1px solid black; width: 20px; height: 20px;"></div> | <div style="border: 1px solid black; width: 20px; height: 20px;"></div> |

Lines are provided to indicate dates and times for Dispatch, Arrival, and Clear. Hours and minutes for all times are recorded in 24-hour time (midnight is 0000).

If the date for any of the times being documented is the same as the alarm date, mark the box indicated.

Sent

SENT

Sent

X

Note: This is for paper reporting only.

It indicates which apparatus was sent on the incident. Fire departments can pre-print or pre-enter apparatus in this module. When an incident occurs, the firefighter completing the module can mark (x) the “Sent” box to indicate which apparatus in the module actually responded.

If the unit was held in quarters, leave the box blank.

*Number of
People*

NUMBER OF PEOPLE

Number
of ☆
People

The fourth block allows you to record the total number of people responding on the specific piece of apparatus. Just enter the number on the line provided.

Use

USE

Record the main use of the apparatus in the fifth block

| | |
|--|--------------------|
| Use ★ | |
| Check ONE box for each apparatus to indicate its main use at the | |
| <input type="checkbox"/> | Suppression |
| <input type="checkbox"/> | EMS |
| <input type="checkbox"/> | Other |

Three choices are offered in this section. Only one box should be marked for each piece of equipment.

Action Taken

ACTIONS TAKEN

The duties performed at the incident scene by the apparatus or resource personnel.

| | | | |
|----------------------|--|--|--|
| Actions Taken | | | |
| | | | |
| | | | |
| | | | |

Enter up to four actions taken by the specific piece of apparatus or resource at the scene of the incident reporting from most significant to least significant. Specific actions may include: extinguishing fires, forcible entry, providing first aid, identifying and analyzing hazardous materials, and transporting the injured. The action may involve simply standing by at an incident for possible service. Be as specific as possible in stating the actions taken.

The codes used for Action Taken are the same codes used for Action Taken (Section F) in the Basic Module. Please see the codes listed for that data element either in the Quick Reference Guide.

Summary

SUMMARY

The Apparatus/Resources Module is used as a local option to identify the apparatus and personnel sent to an incident. If this module is used, it is not necessary to use the Personnel Module.

On the paper form, lines are available to document nine pieces of apparatus and additional sheets can be used. This will document all apparatus that were used to control the incident, alarms, and district.

EXAMPLE: VEHICLE CRASH

Directions: Read the call information in the example below. Then look at the completed Apparatus or Resources Module Form. Look at each section and follow along with the proper use of the information as applicable to the Apparatus or Resources Module.

Engine 231 (three firefighters and one Captain), Rescue Unit 345 (two firefighters and one Lieutenant) and an EMT-Basic Unit 114 (two EMTs) from Department FDID #TR131 are dispatched to 4125 N Vine Avenue, Taylor, WI 12345 at 1215 hour on April 21, 2000 to an auto wreck - incident #9800789. All units arrive on the scene at 1218 hours.

Engine 231 checks the wrecked vehicle for possible hazards and provides assistance with the extrication and patient loading. The crew also controls traffic.

The male driver is trapped between the steering wheel and seat and must be extricated. Rescue Unit 345 performs the extrication.

The driver is alert and complains of neck pain. It is obvious that he also suffers from a broken arm. He states that no other vehicles were involved and he is traveling alone

Unit 114 applies a “C” collar to the patient’s neck. The crew also splints his broken arm once he is removed from the vehicle. He is transported to the nearest emergency care facility by the fire department BLS Unit at 1235.

Engine 231 and Rescue 345 cleared the incident at 1245 hours. BLS 114 cleared the incident and was available for service at 1330.

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| | | | | | | | |
|----------|--|---|---|--|--|---|---|
| A | FDID <input type="text" value="T1R11311"/> <input type="checkbox"/> Delete | State <input type="text" value="WI"/> <input type="checkbox"/> Change | Incident Date <input type="text" value="014"/> <input type="text" value="21"/> <input type="text" value="20002"/> | Station <input type="text" value="010"/> | Incident Number <input type="text" value="9800789"/> | Exposure <input type="text" value="000"/> | NFIRS - 9 Apparatus or Resources |
|----------|--|---|---|--|--|---|---|

| B Apparatus or Resource <small>Use codes listed below</small> | Dates and Times <small>Check if same date as alarm</small> Month Day Year Hours/Mins | Sent <input checked="" type="checkbox"/> | Number of People <input type="checkbox"/> | Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small> <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | Actions Taken |
|--|--|---|--|---|---|
| 1 ID <input type="text" value="E231"/> Type <input type="text" value="11"/> | Dispatch <input checked="" type="checkbox"/> <input type="text" value="1215"/> Arrival <input checked="" type="checkbox"/> <input type="text" value="1218"/> Clear <input checked="" type="checkbox"/> <input type="text" value="1245"/> | <input checked="" type="checkbox"/> | <input type="text" value="003"/> | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input type="text" value="77"/> <input type="text" value="78"/> |
| 2 ID <input type="text" value="R345"/> Type <input type="text" value="71"/> | Dispatch <input checked="" type="checkbox"/> <input type="text" value="1215"/> Arrival <input checked="" type="checkbox"/> <input type="text" value="1218"/> Clear <input checked="" type="checkbox"/> <input type="text" value="1245"/> | <input checked="" type="checkbox"/> | <input type="text" value="003"/> | <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other | <input type="text" value="23"/> <input type="text"/> |
| 3 ID <input type="text" value="1114"/> Type <input type="text"/> | Dispatch <input checked="" type="checkbox"/> <input type="text" value="1215"/> Arrival <input checked="" type="checkbox"/> <input type="text" value="1218"/> Clear <input checked="" type="checkbox"/> <input type="text" value="1330"/> | <input checked="" type="checkbox"/> | <input type="text" value="002"/> | <input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other | <input type="text" value="31"/> <input type="text" value="32"/> <input type="text" value="34"/> <input type="text"/> |
| 4 ID <input type="text"/> Type <input type="text"/> | Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 5 ID <input type="text"/> Type <input type="text"/> | Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 6 ID <input type="text"/> Type <input type="text"/> | Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 7 ID <input type="text"/> Type <input type="text"/> | Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 8 ID <input type="text"/> Type <input type="text"/> | Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 9 ID <input type="text"/> Type <input type="text"/> | Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

| | | | |
|--|--|---|---|
| Type of Apparatus or Resource Ground Fire Suppression 11 Engine 12 Truck or aerial 13 Quint 14 Tanker & pumper combination 16 Brush truck 17 ARF (Aircraft Rescue and Firefighting) 10 Ground fire suppression, other Heavy Ground Equipment 21 Dozer or plow 22 Tractor 24 Tanker or tender 20 Heavy equipment, other | Aircraft 41 Aircraft: fixed wing tanker 42 Helitanker 43 Helicopter 40 Aircraft, other Marine Equipment 51 Fire boat with pump 52 Boat, no pump 50 Marine apparatus, other Support Equipment 61 Breathing apparatus support 62 Light and air unit 60 Support apparatus, other | Medical & Rescue 71 Rescue unit 72 Urban search & rescue unit 73 High angle rescue unit 75 BLS unit 76 ALS unit 70 Medical and rescue unit, other Other 91 Mobile command post 92 Chief officer car 93 HazMat unit 94 Type 1 hand crew 95 Type 2 hand crew 99 Privately owned vehicle 00 Other apparatus/resource | <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> More apparatus? Use additional sheets. </div> NN None UU Undetermined |
|--|--|---|---|

NFIRS-9 Revision 11/17/98

EXERCISE SCENARIO 9-1: STRUCTURAL FIRE

Directions: Read the call information in the exercise below. Use the information provided to complete the Apparatus or Resources Module form. Compare your work to the answers provided on the subsequent completed Apparatus or Resources Module form. If your answers are different from the ones provided, read over the Apparatus or Resources Module again.

Engine 422 (three firefighters and one Captain), Engine 425 (two firefighters and one Lieutenant), Truck 42 (three firefighters and one Captain), and D/C 1 respond to a structure fire at 1326 Market Street.

Engine 422 arrives on location at 0241 hours and advances one 1 3/4" hose line to the first floor and attacks the fire. The crew also searches for victims.

D/C Depew arrives at 0242 and establishes command.

The truck company upon their arrival at 0243 splits into two crews. One crew performs search and rescue and the other, ventilation. After the fire is knocked down, the company performs salvage and overhaul.

Engine 425 - 0244 arrival - takes a hydrant and supplies Engine 422. They then advance a back-up line to the second floor and extinguish the fire that extended to the bedroom.

Engine 422 cleared the scene at 0300 and was available for duty at 0325. Truck 42 was cleared at 0320 and available at 0345. D/C Depew cleared at 0325 and was available at 0326. Engine 425 cleared the scene at 0350 and was available at 0410.

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| | | | | | | | | | | |
|--|--|---|--|---|--|---|--|--|---|---|
| A <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;"> <div style="border-bottom: 1px solid black; width: 40px; margin: 0 auto;"></div> <div style="display: flex; justify-content: center; gap: 5px;"> <div style="border-bottom: 1px solid black; width: 40px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 40px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 40px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 40px; margin: 0 auto;"></div> </div> <div style="text-align: center;"> <div style="border-bottom: 1px solid black; width: 40px; margin: 0 auto;"></div> <div style="text-align: center;">MM DD YYYY</div> </div> <div style="text-align: center;"> <div style="border-bottom: 1px solid black; width: 40px; margin: 0 auto;"></div> <div style="text-align: center;">Station</div> </div> <div style="text-align: center;"> <div style="border-bottom: 1px solid black; width: 40px; margin: 0 auto;"></div> <div style="text-align: center;">Incident Number</div> </div> <div style="text-align: center;"> <div style="border-bottom: 1px solid black; width: 40px; margin: 0 auto;"></div> <div style="text-align: center;">Exposure</div> </div> </div> <div style="text-align: right; padding-top: 5px;"> <input type="checkbox"/> Delete <input type="checkbox"/> Change </div> </div> <div style="border: 1px solid black; padding: 2px; text-align: center; font-weight: bold;"> NFIRS - 9 Apparatus or Resources </div> | | | | | | | | | | |
| B | Apparatus or Resource ☆ <small>Use codes listed below</small> | Dates and Times <div style="text-align: center;"> Check if same date as alarm Month Day Year Hours/ </div> | Sent <input checked="" type="checkbox"/> | Number of People ☆ <div style="border-bottom: 1px solid black; width: 40px; margin: 0 auto;"></div> | Use ☆ <small>Check ONE box for each apparatus to indicate its main use at the</small> | Actions Taken | | | | |
| 1 | ID <div style="border-bottom: 1px solid black; width: 40px;"></div> Type <div style="border-bottom: 1px solid black; width: 40px;"></div> | Dispatch <input type="checkbox"/> <div style="border-bottom: 1px solid black; width: 40px;"></div> Arrival <input type="checkbox"/> <div style="border-bottom: 1px solid black; width: 40px;"></div> Clear <input type="checkbox"/> <div style="border-bottom: 1px solid black; width: 40px;"></div> | <input type="checkbox"/> | <div style="border-bottom: 1px solid black; width: 40px;"></div> | <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <div style="border-bottom: 1px solid black; width: 40px;"></div> <div style="border-bottom: 1px solid black; width: 40px;"></div> | | | | |
| 2 | ID <div style="border-bottom: 1px solid black; width: 40px;"></div> Type <div style="border-bottom: 1px solid black; width: 40px;"></div> | Dispatch <input type="checkbox"/> <div style="border-bottom: 1px solid black; width: 40px;"></div> Arrival <input type="checkbox"/> <div style="border-bottom: 1px solid black; width: 40px;"></div> Clear <input type="checkbox"/> <div style="border-bottom: 1px solid black; width: 40px;"></div> | <input type="checkbox"/> | <div style="border-bottom: 1px solid black; width: 40px;"></div> | <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <div style="border-bottom: 1px solid black; width: 40px;"></div> <div style="border-bottom: 1px solid black; width: 40px;"></div> | | | | |
| 3 | ID <div style="border-bottom: 1px solid black; width: 40px;"></div> Type <div style="border-bottom: 1px solid black; width: 40px;"></div> | Dispatch <input type="checkbox"/> <div style="border-bottom: 1px solid black; width: 40px;"></div> Arrival <input type="checkbox"/> <div style="border-bottom: 1px solid black; width: 40px;"></div> Clear <input type="checkbox"/> <div style="border-bottom: 1px solid black; width: 40px;"></div> | <input type="checkbox"/> | <div style="border-bottom: 1px solid black; width: 40px;"></div> | <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <div style="border-bottom: 1px solid black; width: 40px;"></div> <div style="border-bottom: 1px solid black; width: 40px;"></div> | | | | |
| 4 | ID <div style="border-bottom: 1px solid black; width: 40px;"></div> Type <div style="border-bottom: 1px solid black; width: 40px;"></div> | Dispatch <input type="checkbox"/> <div style="border-bottom: 1px solid black; width: 40px;"></div> Arrival <input type="checkbox"/> <div style="border-bottom: 1px solid black; width: 40px;"></div> Clear <input type="checkbox"/> <div style="border-bottom: 1px solid black; width: 40px;"></div> | <input type="checkbox"/> | <div style="border-bottom: 1px solid black; width: 40px;"></div> | <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <div style="border-bottom: 1px solid black; width: 40px;"></div> <div style="border-bottom: 1px solid black; width: 40px;"></div> | | | | |
| 5 | ID <div style="border-bottom: 1px solid black; width: 40px;"></div> Type <div style="border-bottom: 1px solid black; width: 40px;"></div> | Dispatch <input type="checkbox"/> <div style="border-bottom: 1px solid black; width: 40px;"></div> Arrival <input type="checkbox"/> <div style="border-bottom: 1px solid black; width: 40px;"></div> Clear <input type="checkbox"/> <div style="border-bottom: 1px solid black; width: 40px;"></div> | <input type="checkbox"/> | <div style="border-bottom: 1px solid black; width: 40px;"></div> | <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <div style="border-bottom: 1px solid black; width: 40px;"></div> <div style="border-bottom: 1px solid black; width: 40px;"></div> | | | | |
| 6 | ID <div style="border-bottom: 1px solid black; width: 40px;"></div> Type <div style="border-bottom: 1px solid black; width: 40px;"></div> | Dispatch <input type="checkbox"/> <div style="border-bottom: 1px solid black; width: 40px;"></div> Arrival <input type="checkbox"/> <div style="border-bottom: 1px solid black; width: 40px;"></div> Clear <input type="checkbox"/> <div style="border-bottom: 1px solid black; width: 40px;"></div> | <input type="checkbox"/> | <div style="border-bottom: 1px solid black; width: 40px;"></div> | <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <div style="border-bottom: 1px solid black; width: 40px;"></div> <div style="border-bottom: 1px solid black; width: 40px;"></div> | | | | |
| 7 | ID <div style="border-bottom: 1px solid black; width: 40px;"></div> Type <div style="border-bottom: 1px solid black; width: 40px;"></div> | Dispatch <input type="checkbox"/> <div style="border-bottom: 1px solid black; width: 40px;"></div> Arrival <input type="checkbox"/> <div style="border-bottom: 1px solid black; width: 40px;"></div> Clear <input type="checkbox"/> <div style="border-bottom: 1px solid black; width: 40px;"></div> | <input type="checkbox"/> | <div style="border-bottom: 1px solid black; width: 40px;"></div> | <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <div style="border-bottom: 1px solid black; width: 40px;"></div> <div style="border-bottom: 1px solid black; width: 40px;"></div> | | | | |
| 8 | ID <div style="border-bottom: 1px solid black; width: 40px;"></div> Type <div style="border-bottom: 1px solid black; width: 40px;"></div> | Dispatch <input type="checkbox"/> <div style="border-bottom: 1px solid black; width: 40px;"></div> Arrival <input type="checkbox"/> <div style="border-bottom: 1px solid black; width: 40px;"></div> Clear <input type="checkbox"/> <div style="border-bottom: 1px solid black; width: 40px;"></div> | <input type="checkbox"/> | <div style="border-bottom: 1px solid black; width: 40px;"></div> | <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <div style="border-bottom: 1px solid black; width: 40px;"></div> <div style="border-bottom: 1px solid black; width: 40px;"></div> | | | | |
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| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%; vertical-align: top; padding: 5px;"> Type of Apparatus or Resource Ground Fire Suppression 11 Engine 12 Truck or aerial 13 Quint 14 Tanker & pumper combination 16 Brush truck 17 ARF (Aircraft Rescue and Firefighting) 10 Ground fire suppression, other Heavy Ground Equipment 21 Dozer or plow 22 Tractor 24 Tanker or tender 20 Heavy equipment, other </td> <td style="width: 33%; vertical-align: top; padding: 5px;"> Aircraft 41 Aircraft: fixed wing tanker 42 Helitanker 43 Helicopter 40 Aircraft, other Marine Equipment 51 Fire boat with pump 52 Boat, no pump 50 Marine apparatus, other Support Equipment 61 Breathing apparatus support 62 Light and air unit 60 Support apparatus, other </td> <td style="width: 33%; vertical-align: top; padding: 5px;"> Medical & Rescue 71 Rescue unit 72 Urban search & rescue unit 73 High angle rescue unit 75 BLS unit 76 ALS unit 70 Medical and rescue unit, other Other 91 Mobile command post 92 Chief officer car 93 HazMat unit 94 Type 1 hand crew 95 Type 2 hand crew 99 Privately owned vehicle 00 Other apparatus/resource </td> </tr> </table> | | | | | | | Type of Apparatus or Resource Ground Fire Suppression 11 Engine 12 Truck or aerial 13 Quint 14 Tanker & pumper combination 16 Brush truck 17 ARF (Aircraft Rescue and Firefighting) 10 Ground fire suppression, other Heavy Ground Equipment 21 Dozer or plow 22 Tractor 24 Tanker or tender 20 Heavy equipment, other | Aircraft 41 Aircraft: fixed wing tanker 42 Helitanker 43 Helicopter 40 Aircraft, other Marine Equipment 51 Fire boat with pump 52 Boat, no pump 50 Marine apparatus, other Support Equipment 61 Breathing apparatus support 62 Light and air unit 60 Support apparatus, other | Medical & Rescue 71 Rescue unit 72 Urban search & rescue unit 73 High angle rescue unit 75 BLS unit 76 ALS unit 70 Medical and rescue unit, other Other 91 Mobile command post 92 Chief officer car 93 HazMat unit 94 Type 1 hand crew 95 Type 2 hand crew 99 Privately owned vehicle 00 Other apparatus/resource | <div style="border: 1px solid black; padding: 5px; text-align: center; margin-bottom: 10px;"> More apparatus? Use additional sheets. </div> <div style="text-align: center;"> NN None UU Undetermined </div> |
| Type of Apparatus or Resource Ground Fire Suppression 11 Engine 12 Truck or aerial 13 Quint 14 Tanker & pumper combination 16 Brush truck 17 ARF (Aircraft Rescue and Firefighting) 10 Ground fire suppression, other Heavy Ground Equipment 21 Dozer or plow 22 Tractor 24 Tanker or tender 20 Heavy equipment, other | Aircraft 41 Aircraft: fixed wing tanker 42 Helitanker 43 Helicopter 40 Aircraft, other Marine Equipment 51 Fire boat with pump 52 Boat, no pump 50 Marine apparatus, other Support Equipment 61 Breathing apparatus support 62 Light and air unit 60 Support apparatus, other | Medical & Rescue 71 Rescue unit 72 Urban search & rescue unit 73 High angle rescue unit 75 BLS unit 76 ALS unit 70 Medical and rescue unit, other Other 91 Mobile command post 92 Chief officer car 93 HazMat unit 94 Type 1 hand crew 95 Type 2 hand crew 99 Privately owned vehicle 00 Other apparatus/resource | | | | | | | | |

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| | | | | | | | | |
|----------|---|---------------------------------------|---|--|--|---|--|---|
| A | FDID <input type="text" value="TR100"/> | State <input type="text" value="WI"/> | Incident Date <input type="text" value="06/21/2002"/> | Station <input type="text" value="006"/> | Incident Number <input type="text" value="0670023"/> | Exposure <input type="text" value="000"/> | <input type="checkbox"/> Delete <input type="checkbox"/> Change | NFIRS - 9 Apparatus or Resources |
|----------|---|---------------------------------------|---|--|--|---|--|---|

| B | Apparatus or Resource <small>Use codes listed below</small> | Dates and Times <small>Check if same date as alarm</small> Month Day Year Hours/Mins | Sent <input checked="" type="checkbox"/> | Number of People <input checked="" type="checkbox"/> | Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small> <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | Actions Taken |
|---|--|--|---|---|---|---|
| 1 | ID <input type="text" value="E422"/> Type <input type="text" value="11"/> | Dispatch <input checked="" type="checkbox"/> <input type="text" value="0239"/> Arrival <input checked="" type="checkbox"/> <input type="text" value="0241"/> Clear <input checked="" type="checkbox"/> <input type="text" value="0300"/> | <input checked="" type="checkbox"/> | <input type="text" value="004"/> | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input type="text" value="11"/> <input type="text" value="21"/> |
| 2 | ID <input type="text" value="DC1"/> Type <input type="text" value="92"/> | Dispatch <input checked="" type="checkbox"/> <input type="text" value="0239"/> Arrival <input checked="" type="checkbox"/> <input type="text" value="0240"/> Clear <input checked="" type="checkbox"/> <input type="text" value="0325"/> | <input checked="" type="checkbox"/> | <input type="text" value="001"/> | <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other | <input type="text" value="81"/> <input type="text"/> |
| 3 | ID <input type="text" value="T42"/> Type <input type="text" value="12"/> | Dispatch <input checked="" type="checkbox"/> <input type="text" value="0239"/> Arrival <input checked="" type="checkbox"/> <input type="text" value="0243"/> Clear <input checked="" type="checkbox"/> <input type="text" value="0320"/> | <input checked="" type="checkbox"/> | <input type="text" value="004"/> | <input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other | <input type="text" value="21"/> <input type="text" value="51"/> <input type="text" value="12"/> <input type="text"/> |
| 4 | ID <input type="text" value="E425"/> Type <input type="text" value="11"/> | Dispatch <input checked="" type="checkbox"/> <input type="text" value="0239"/> Arrival <input checked="" type="checkbox"/> <input type="text" value="0244"/> Clear <input checked="" type="checkbox"/> <input type="text" value="0350"/> | <input checked="" type="checkbox"/> | <input type="text" value="003"/> | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input type="text" value="76"/> <input type="text" value="11"/> <input type="text"/> |
| 5 | ID <input type="text"/> Type <input type="text"/> | Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 6 | ID <input type="text"/> Type <input type="text"/> | Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 7 | ID <input type="text"/> Type <input type="text"/> | Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 8 | ID <input type="text"/> Type <input type="text"/> | Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 9 | ID <input type="text"/> Type <input type="text"/> | Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

| | | | |
|--|--|---|---|
| Type of Apparatus or Resource Ground Fire Suppression 11 Engine 12 Truck or aerial 13 Quint 14 Tanker & pumper combination 16 Brush truck 17 ARF (Aircraft Rescue and Firefighting) 10 Ground fire suppression, other Heavy Ground Equipment 21 Dozer or plow 22 Tractor 24 Tanker or tender 20 Heavy equipment, other | Aircraft 41 Aircraft: fixed wing tanker 42 Helitanker 43 Helicopter 40 Aircraft, other Marine Equipment 51 Fire boat with pump 52 Boat, no pump 50 Marine apparatus, other Support Equipment 61 Breathing apparatus support 62 Light and air unit 60 Support apparatus, other | Medical & Rescue 71 Rescue unit 72 Urban search & rescue unit 73 High angle rescue unit 75 BLS unit 76 ALS unit 70 Medical and rescue unit, other Other 91 Mobile command post 92 Chief officer car 93 HazMat unit 94 Type 1 hand crew 95 Type 2 hand crew 99 Privately owned vehicle 00 Other apparatus/resource | <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> More apparatus? Use additional sheets. </div> NN None UU Undetermined |
|--|--|---|---|

NFIRS-9 Revision 11/17/98

EXERCISE SCENARIO 9-2: VEHICLE FIRE ON I-95

Directions: Read the call information in the exercise below. Use the information provided to complete the entire Apparatus or Resources Module form and other required forms. Compare your work to the answers provided in Appendix A. If your answers are different from the ones provided, read over the Apparatus or Resources Module again.

The Alberta Fire Department (FDID 92188) responded to a vehicle fire on I-95 near mile marker 73 and Exit 2B in Brunswick, Virginia 23351 on May 3. The dispatcher assigned the incident (#5455) to Engine Co. 2 from Shift C. The unit received the alarm at 11:58 p.m. and arrived at the scene in six minutes with a four-person engine crew and a two-person truck crew. Flame and smoke was coming from the vehicle. The owner of the vehicle, Mr. Robert L. Anderson, was driving to Emporia, Virginia to return his son, Joseph, to his mother. Mr. Anderson lives at 1630 Second Avenue, Jarrett, North Carolina 24501. His telephone number is 414-432-0987. He said that his front seat caught on fire. In an effort to extinguish the fire, the car crashed into the guardrail. He called 911 from his cellular telephone. He said that he was driving for two hours and became drowsy from a prescription drug that he took. The vehicle was a 1999 Ford Explorer, Virginia License Plate Number ACZ586, and VIN 1FBEU54X3ABC45634. The firefighters extinguished the fire; it was under controlled at 12:10 a.m. They determined that a burning cigarette caused the fire. The cigarette ignited the seat causing \$26,000 property damage and no content loss to the vehicle. The last unit cleared the scene at 12:35 a.m. FF1 Steve B. LaCivita, Badge No. 230, completed the report after returning to Station No. 1. Captain Ernest Greene, Badge No. 100, was the officer in charge. The fire department keeps records on the location of all responses. The incident was in Census Tract 501.2, District A05. The Virginia Department of Transportation, 23 Washington Street NE, Richmond, VA 23219, manages Virginia highways.

Mr. Anderson, 49-year old, black male, was bleeding from the head. He cut his head when his car hit the guardrail. He was not wearing a safety belt and the airbag in the vehicle did not inflate. Firefighter Steve Cooke, EMT-Basic, approached Officer Morrison at 12:06 a.m. Firefighter Cooke stopped the bleeding. No other treatment was needed. Mr. Anderson overall change in status improved. He was release to the on-scene towing service provider, Ace Towing, at 12:25 a.m. The towing service provider gave Mr. Anderson a ride from the incident

An engine (ID E0100) was dispatched to the scene at 12:53 p.m. and arrived at the incident at 1:05 p.m. The crew assigned to the apparatus was used to extinguish the fire and to remove smoke from the residence. The unit cleared the incident at 2:40 p.m.

A pumper/tanker (ID E0015) was dispatched to the scene at 12:53 p.m. and arrived at the incident at 1:05 p.m. The crew assigned to the apparatus was used to extinguish the fire and to perform salvage and overhaul duties. The unit cleared the incident at 2:30 p.m.

A truck (ID E0011) was dispatched to the scene at 12:53 p.m. and arrived at the incident at 1:07 p.m. The crew on the apparatus was used to provide basic life support duties, and to investigate the incident. The unit cleared the incident at 2:40 p.m.

| | | | | | |
|--|--|--|--|--|--|
| A FDID ☆ State ☆ Incident Date MM DD YYYY ☆ Station Incident Number ☆ Exposure ☆ | | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity | | NFIRS - 1 Basic | |
| B Location ☆ <input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B "Alternative Location Specification". Use only Census Tract _____-_____ <input type="checkbox"/> Street address _____ <input type="checkbox"/> Intersection Number/Milepost Prefix Street or Highway _____ <input type="checkbox"/> In front of _____ <input type="checkbox"/> Rear of _____ <input type="checkbox"/> Adjacent to Apt./Suite/Room City _____ <input type="checkbox"/> Directions _____ State Zip Code _____-_____ Cross street or directions, as applicable | | | | | |
| C Incident Type ☆ Incident Type _____ | | E1 Dates & Times Midnight is 0000 Month Day Year Hour Min Check boxes if dates are the same as Alarm Date. Alarm ☆ ALARM always required Arrival ☆ ARRIVAL required, unless canceled or did not arrive Controlled CONTROLLED optional, except for wildland fires Last Unit Cleared LAST UNIT CLEARED, required except for wildland fires | | E2 Shifts & Alarms Local Option Shift or platoon Alarms District E3 Special Studies Local Option Special Study ID# Special Study Value | |
| D Aid Given or Received ☆ 1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Automatic aid recvd. 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Automatic aid given 5 <input type="checkbox"/> Other aid given N <input type="checkbox"/> None Their FDID Their State Their Incident Number | | | | | |
| F Actions Taken ☆ Primary Action Taken (1) _____ Additional Action Taken (2) _____ Additional Action Taken (3) _____ | | G1 Resources ☆ <input type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus Personnel Suppression _____ EMS _____ Other _____ <input type="checkbox"/> Check box if resource counts include aid received resources. | | G2 Estimated Dollar Losses & Values LOSSES: Required for all fires if known. Optional for non None Property \$ _____, _____, _____ Contents \$ _____, _____, _____ PRE-INCIDENT VALUE: Optional Property \$ _____, _____, _____ Contents \$ _____, _____, _____ | |
| Completed Modules <input type="checkbox"/> Fire-2 <input type="checkbox"/> Structure-3 <input type="checkbox"/> Civilian Fire Cas.-4 <input type="checkbox"/> Fire Serv. Casualty-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input type="checkbox"/> Apparatus-9 <input type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11 | | H1 Casualties ☆ <input type="checkbox"/> None Deaths Injuries Fire Service _____ Civilian _____ H2 Detector Required for confined fires. 1 <input type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown | | H3 Hazardous Materials Release N <input type="checkbox"/> None 1 <input type="checkbox"/> Natural gas: slow leak, no evacuation or HazMat actions 2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable storage 6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling <55 gallons 0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55 gal., Please complete the HazMat form | |
| I Mixed Use Property NN <input type="checkbox"/> Not mixed 10 <input type="checkbox"/> Assembly Use 20 <input type="checkbox"/> Education use 33 <input type="checkbox"/> Medical use 40 <input type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Business & residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use | | | | | |
| J Property Use ☆ Structures 131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/tavern or nightclub 213 <input type="checkbox"/> Elementary school or kindergart. 215 <input type="checkbox"/> High school or junior high 241 <input type="checkbox"/> College, adult ed. 311 <input type="checkbox"/> Care facility for the aged 331 <input type="checkbox"/> Hospital Outside 124 <input type="checkbox"/> Playground or park 655 <input type="checkbox"/> Crops or orchard 669 <input type="checkbox"/> Forest (timberland) 807 <input type="checkbox"/> Outdoor storage area 919 <input type="checkbox"/> Dump or sanitary landfill 931 <input type="checkbox"/> Open land or field | | 341 <input type="checkbox"/> Clinic, clinic type infirmary 342 <input type="checkbox"/> Doctor/dentist office 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input type="checkbox"/> 1- or 2-family dwelling 429 <input type="checkbox"/> Multi-family dwelling 439 <input type="checkbox"/> Rooming/boardng house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/barracks 519 <input type="checkbox"/> Food and beverage sales 936 <input type="checkbox"/> Vacant lot 938 <input type="checkbox"/> Graded/cared for plot of land 946 <input type="checkbox"/> Lake, river, stream 951 <input type="checkbox"/> Railroad right of way 960 <input type="checkbox"/> Other street 961 <input type="checkbox"/> Highway/divided highway 962 <input type="checkbox"/> Residential street/driveway | | 539 <input type="checkbox"/> Household goods, sales, repairs 579 <input type="checkbox"/> Motor vehicle/boat sales/repairs 571 <input type="checkbox"/> Gas or service station 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric generating plant 629 <input type="checkbox"/> Laboratory/science lab 700 <input type="checkbox"/> Manufacturing plant 819 <input type="checkbox"/> Livestock/poultry storage (barn) 882 <input type="checkbox"/> Non-residential parking garage 891 <input type="checkbox"/> Warehouse 981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard | |
| Look up and enter a Property Use code only if you have NOT checked a Property Use box: <div style="float: right; border: 1px solid black; padding: 5px; margin-top: 10px;"> Property Use _____ </div> | | | | | |

**NFIRS 5.0 SELF STUDY PROGRAM
APPARATUS OR RESOURCES MODULE: NFIRS 9**

K1 Person/Entity Involved

Local Option ☐ Business name (if applicable) Area Code Phone Number

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name MI Last Name Suffix

Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room City

State Zip Code

☐ More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary.

K2 Owner

Local Option ☐ Same as person involved? Then check this box and skip the rest of this section.

Business name (if applicable) Area Code Phone Number

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name MI Last Name Suffix

Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room City

State Zip Code


L **Remarks:**

Local Option ☐

Fire Module Required?

Check the box that applies and then complete the additional Fire mod. based on Incident Type as follows:

| | |
|---|--|
| <input type="checkbox"/> Buildings 111 | Complete Fire & Structure |
| <input type="checkbox"/> Special structure 112 | Complete Fire Mod. & the I block on Structure Module |
| <input type="checkbox"/> Confined 113-118 | Complete Basic Module |
| <input type="checkbox"/> Mobile Property 120-123 | Complete Fire Module |
| <input type="checkbox"/> Vehicle 130-138 | Complete Fire Module |
| <input type="checkbox"/> Vegetation 140-143 | Complete Fire or Wildland |
| <input type="checkbox"/> Outside rubbish fire 150-155 | Complete Basic Module |
| <input type="checkbox"/> Special outside fire 160-164 | Complete Fire Module |
| <input type="checkbox"/> Crop fire 170-173 | Complete Fire Module |

 **ITEMS WITH A ☆ MUST ALWAYS BE COMPLETED!**

☐ More remarks? Check this box and attach Supplemental Forms(NFIRS-1S) as necessary.

M Authorization

Check box if same as Officer in charge. ☐

Officer in charge ID Signature Position or rank Assignment Month Day Year

Member making report ID Signature Position or rank Assignment Month Day Year

| Complete this side for all fires | | | | NFIRS - 2 Fire | |
|---|--|---|--|---|--|
| A FDID ☆ State ☆ Incident Date ☆ YYYY Station Incident Number ☆ Exposure ☆ | | | | <input type="checkbox"/> Delete <input type="checkbox"/> Change | |
| B Property Details B1 <input type="checkbox"/> Not Residential Estimated number of residential living units in building of origin <i>whether or not all units became involved</i> B2 <input type="checkbox"/> Buildings not involved Number of buildings involved B3 <input type="checkbox"/> None <input type="checkbox"/> Less than one acre Acres burned (outside fires) | | | | C On-Site Materials or Products <input type="checkbox"/> None Enter up to three codes. Check one box for each code entered. On-site material (1) On-site material (2) On-site material (3) | |
| D Ignition D1 Area of fire origin ☆ D2 Heat source ☆ D3 Item first ignited ☆ <input type="checkbox"/> Check box if fire spread was confined to object of origin D4 Type of material first ignited Required only if item first ignited code is 00 or <70 | | | | E1 Cause of Ignition ☆ <input type="checkbox"/> Check box if this is an exposure report. → Skip To Section G 1 <input type="checkbox"/> Intentional 2 <input type="checkbox"/> Unintentional 3 <input type="checkbox"/> Failure of equipment or heat source 4 <input type="checkbox"/> Act of nature 5 <input type="checkbox"/> Cause under investigation U <input type="checkbox"/> Cause undetermined after investigation E2 Factors Contributing To Ignition <input type="checkbox"/> None Factor contributing to ignition (1) Factor contributing to ignition (2) | |
| E3 Human Factors Contributing To Ignition Check all applicable boxes <input type="checkbox"/> None 1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Possibly impaired by alcohol or drugs 3 <input type="checkbox"/> Unattended person 4 <input type="checkbox"/> Possibly mentally disabled 5 <input type="checkbox"/> Physically disabled 6 <input type="checkbox"/> Multiple persons involved 7 <input type="checkbox"/> Age was a factor Estimated age of person involved 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female | | | | | |
| F1 Equipment Involved In Ignition <input type="checkbox"/> None → If equipment was not involved, skip to Section G Equipment Involved Brand Model Serial # Year | | F2 Equipment Power Source Equipment Power Source F3 Equipment Portability 1 <input type="checkbox"/> Portable 2 <input type="checkbox"/> Stationary <small>Portable equipment normally can be moved by one person, is designed to be used in multiple locations, and requires no tools to install.</small> | | G Fire Suppression Factors Enter up to three codes. <input type="checkbox"/> None Fire suppression factor (1) Fire suppression factor (2) Fire suppression factor (3) | |
| H1 Mobile Property Involved <input type="checkbox"/> None 1 <input type="checkbox"/> Not involved in ignition, but burned 2 <input type="checkbox"/> Involved in ignition, but did not burn 3 <input type="checkbox"/> Involved in ignition and burned Mobile property model License Plate Number State VIN Number | | H2 Mobile Property Type & Make Mobile property type Mobile property make Year | | Local Use <input type="checkbox"/> Pre-Fire Plan Available Some of the information presented in this report may be based upon reports from other agencies: <input type="checkbox"/> Arson report attached <input type="checkbox"/> Police report attached <input type="checkbox"/> Coroner report attached <input type="checkbox"/> Other reports attached | |

| | | | | | | | |
|--|---|--|--|--|---|--|--|
| A FDID <input type="text"/> State <input type="text"/> Incident Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Station <input type="text"/> Incident Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Exposure <input type="text"/> | | <input type="checkbox"/> Delete <input type="checkbox"/> Change | NFIRS-6 EMS | | | | |
| B Number of Patients <input type="text"/> Patient Number <input type="text"/> | | C Date/Time Month <input type="text"/> Day <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Hour/Mins <input type="text"/> <input type="text"/> | | | | | |
| Use a separate form for each patient | | Check if same date as alarm <input type="checkbox"/> Time Arrived at Patient <input type="checkbox"/> Time of Patient Transfer <input type="checkbox"/> | | | | | |
| D Provider Impression/Assessment <input type="checkbox"/> Check one box only | | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; vertical-align: top;"> 10 <input type="checkbox"/> Abdominal pain 11 <input type="checkbox"/> Airway obstruction 12 <input type="checkbox"/> Allergic reaction 13 <input type="checkbox"/> Altered LOC 14 <input type="checkbox"/> Behavioral/psych 15 <input type="checkbox"/> Burns 16 <input type="checkbox"/> Cardiac arrest 17 <input type="checkbox"/> Cardiac dysrhythmia </td> <td style="width: 25%; vertical-align: top;"> 18 <input type="checkbox"/> Chest pain 19 <input type="checkbox"/> Diabetic symptom 20 <input type="checkbox"/> Do not resuscitate 21 <input type="checkbox"/> Electroconvulsion 22 <input type="checkbox"/> General illness 23 <input type="checkbox"/> Hemorrhaging/bleeding 24 <input type="checkbox"/> Hyperthermia 25 <input type="checkbox"/> Hypothermia </td> <td style="width: 25%; vertical-align: top;"> 26 <input type="checkbox"/> Hypovolemia 27 <input type="checkbox"/> Inhalation injury 28 <input type="checkbox"/> Obvious death 29 <input type="checkbox"/> OD/poisoning 30 <input type="checkbox"/> Pregnancy/OB 31 <input type="checkbox"/> Respiratory arrest 32 <input type="checkbox"/> Respiratory distress 33 <input type="checkbox"/> Seizure </td> <td style="width: 25%; vertical-align: top;"> 34 <input type="checkbox"/> Sexual assault 35 <input type="checkbox"/> Sting/bite 36 <input type="checkbox"/> Stroke/CVA 37 <input type="checkbox"/> Syncope 38 <input type="checkbox"/> Trauma 00 <input type="checkbox"/> Other NN <input type="checkbox"/> None/no patient or refused treatment </td> </tr> </table> | | | | 10 <input type="checkbox"/> Abdominal pain 11 <input type="checkbox"/> Airway obstruction 12 <input type="checkbox"/> Allergic reaction 13 <input type="checkbox"/> Altered LOC 14 <input type="checkbox"/> Behavioral/psych 15 <input type="checkbox"/> Burns 16 <input type="checkbox"/> Cardiac arrest 17 <input type="checkbox"/> Cardiac dysrhythmia | 18 <input type="checkbox"/> Chest pain 19 <input type="checkbox"/> Diabetic symptom 20 <input type="checkbox"/> Do not resuscitate 21 <input type="checkbox"/> Electroconvulsion 22 <input type="checkbox"/> General illness 23 <input type="checkbox"/> Hemorrhaging/bleeding 24 <input type="checkbox"/> Hyperthermia 25 <input type="checkbox"/> Hypothermia | 26 <input type="checkbox"/> Hypovolemia 27 <input type="checkbox"/> Inhalation injury 28 <input type="checkbox"/> Obvious death 29 <input type="checkbox"/> OD/poisoning 30 <input type="checkbox"/> Pregnancy/OB 31 <input type="checkbox"/> Respiratory arrest 32 <input type="checkbox"/> Respiratory distress 33 <input type="checkbox"/> Seizure | 34 <input type="checkbox"/> Sexual assault 35 <input type="checkbox"/> Sting/bite 36 <input type="checkbox"/> Stroke/CVA 37 <input type="checkbox"/> Syncope 38 <input type="checkbox"/> Trauma 00 <input type="checkbox"/> Other NN <input type="checkbox"/> None/no patient or refused treatment |
| 10 <input type="checkbox"/> Abdominal pain 11 <input type="checkbox"/> Airway obstruction 12 <input type="checkbox"/> Allergic reaction 13 <input type="checkbox"/> Altered LOC 14 <input type="checkbox"/> Behavioral/psych 15 <input type="checkbox"/> Burns 16 <input type="checkbox"/> Cardiac arrest 17 <input type="checkbox"/> Cardiac dysrhythmia | 18 <input type="checkbox"/> Chest pain 19 <input type="checkbox"/> Diabetic symptom 20 <input type="checkbox"/> Do not resuscitate 21 <input type="checkbox"/> Electroconvulsion 22 <input type="checkbox"/> General illness 23 <input type="checkbox"/> Hemorrhaging/bleeding 24 <input type="checkbox"/> Hyperthermia 25 <input type="checkbox"/> Hypothermia | 26 <input type="checkbox"/> Hypovolemia 27 <input type="checkbox"/> Inhalation injury 28 <input type="checkbox"/> Obvious death 29 <input type="checkbox"/> OD/poisoning 30 <input type="checkbox"/> Pregnancy/OB 31 <input type="checkbox"/> Respiratory arrest 32 <input type="checkbox"/> Respiratory distress 33 <input type="checkbox"/> Seizure | 34 <input type="checkbox"/> Sexual assault 35 <input type="checkbox"/> Sting/bite 36 <input type="checkbox"/> Stroke/CVA 37 <input type="checkbox"/> Syncope 38 <input type="checkbox"/> Trauma 00 <input type="checkbox"/> Other NN <input type="checkbox"/> None/no patient or refused treatment | | | | |
| E1 Age or Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Months (for infants) Age <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year | | F1 Race 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Am. Indian/Eskimo 4 <input type="checkbox"/> Asian 0 <input type="checkbox"/> Other, multi-racial U <input type="checkbox"/> Undetermined | | | | | |
| E2 Gender 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female | | F2 Ethnicity 1 <input type="checkbox"/> Hispanic | | | | | |
| G1 Human Factors Check all applicable boxes 1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Unconscious 3 <input type="checkbox"/> Possibly impaired by alcohol 4 <input type="checkbox"/> Possibly impaired by drugs 5 <input type="checkbox"/> Possibly mentally disabled 6 <input type="checkbox"/> Physically disabled 7 <input type="checkbox"/> Physically restrained 8 <input type="checkbox"/> Unattended person N <input type="checkbox"/> None | | G2 Other Factors <div style="border: 1px solid black; padding: 5px; margin: 5px;"> If an illness, not an injury, skip G2 and go to H3 </div> 1 <input type="checkbox"/> Accidental 2 <input type="checkbox"/> Self-inflicted 3 <input type="checkbox"/> Inflicted, not self N <input type="checkbox"/> None | | | | | |
| H1 Body Site of Injury List up to five body sites <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | H2 Injury Type List one injury type for each body site listed under H1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | | | |
| | | H3 Cause of Illness/Injury <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | | | |
| I Procedures Used Check all applicable boxes | | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> 01 <input type="checkbox"/> Airway insertion 02 <input type="checkbox"/> Anti-shock trousers 03 <input type="checkbox"/> Assist ventilation 04 <input type="checkbox"/> Bleeding control 05 <input type="checkbox"/> Burn care 06 <input type="checkbox"/> Cardiac pacing 07 <input type="checkbox"/> Cardioversion (defib) manual 08 <input type="checkbox"/> Chest/abdominal thrust 09 <input type="checkbox"/> CPR 10 <input type="checkbox"/> Cricothyroidotomy 11 <input type="checkbox"/> Defibrillation by AED 12 <input type="checkbox"/> EKG monitoring 13 <input type="checkbox"/> Extrication </td> <td style="width: 50%; vertical-align: top;"> 14 <input type="checkbox"/> Intubation (EGTA) 15 <input type="checkbox"/> Intubation (ET) 16 <input type="checkbox"/> IO/IV therapy 17 <input type="checkbox"/> Medications therapy 18 <input type="checkbox"/> Oxygen therapy 19 <input type="checkbox"/> OB care/delivery 20 <input type="checkbox"/> Prearrival instructions 21 <input type="checkbox"/> Restrain patient 22 <input type="checkbox"/> Spinal immobilization 23 <input type="checkbox"/> Splint extremities 24 <input type="checkbox"/> Suction/aspirate NN <input type="checkbox"/> No Treatment 00 <input type="checkbox"/> Other </td> </tr> </table> | | | | 01 <input type="checkbox"/> Airway insertion 02 <input type="checkbox"/> Anti-shock trousers 03 <input type="checkbox"/> Assist ventilation 04 <input type="checkbox"/> Bleeding control 05 <input type="checkbox"/> Burn care 06 <input type="checkbox"/> Cardiac pacing 07 <input type="checkbox"/> Cardioversion (defib) manual 08 <input type="checkbox"/> Chest/abdominal thrust 09 <input type="checkbox"/> CPR 10 <input type="checkbox"/> Cricothyroidotomy 11 <input type="checkbox"/> Defibrillation by AED 12 <input type="checkbox"/> EKG monitoring 13 <input type="checkbox"/> Extrication | 14 <input type="checkbox"/> Intubation (EGTA) 15 <input type="checkbox"/> Intubation (ET) 16 <input type="checkbox"/> IO/IV therapy 17 <input type="checkbox"/> Medications therapy 18 <input type="checkbox"/> Oxygen therapy 19 <input type="checkbox"/> OB care/delivery 20 <input type="checkbox"/> Prearrival instructions 21 <input type="checkbox"/> Restrain patient 22 <input type="checkbox"/> Spinal immobilization 23 <input type="checkbox"/> Splint extremities 24 <input type="checkbox"/> Suction/aspirate NN <input type="checkbox"/> No Treatment 00 <input type="checkbox"/> Other | | |
| 01 <input type="checkbox"/> Airway insertion 02 <input type="checkbox"/> Anti-shock trousers 03 <input type="checkbox"/> Assist ventilation 04 <input type="checkbox"/> Bleeding control 05 <input type="checkbox"/> Burn care 06 <input type="checkbox"/> Cardiac pacing 07 <input type="checkbox"/> Cardioversion (defib) manual 08 <input type="checkbox"/> Chest/abdominal thrust 09 <input type="checkbox"/> CPR 10 <input type="checkbox"/> Cricothyroidotomy 11 <input type="checkbox"/> Defibrillation by AED 12 <input type="checkbox"/> EKG monitoring 13 <input type="checkbox"/> Extrication | 14 <input type="checkbox"/> Intubation (EGTA) 15 <input type="checkbox"/> Intubation (ET) 16 <input type="checkbox"/> IO/IV therapy 17 <input type="checkbox"/> Medications therapy 18 <input type="checkbox"/> Oxygen therapy 19 <input type="checkbox"/> OB care/delivery 20 <input type="checkbox"/> Prearrival instructions 21 <input type="checkbox"/> Restrain patient 22 <input type="checkbox"/> Spinal immobilization 23 <input type="checkbox"/> Splint extremities 24 <input type="checkbox"/> Suction/aspirate NN <input type="checkbox"/> No Treatment 00 <input type="checkbox"/> Other | | | | | | |
| J Safety Equipment Used or deployed by Patient 1 <input type="checkbox"/> Safety/seat belts 2 <input type="checkbox"/> Child safety seat 3 <input type="checkbox"/> Airbag 4 <input type="checkbox"/> Helmet 5 <input type="checkbox"/> Protective clothing 6 <input type="checkbox"/> Flotation device N <input type="checkbox"/> None 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined | | K Cardiac Arrest Check all applicable boxes 1 <input type="checkbox"/> Pre-arrival arrest? If pre-arrival arrest, was it? 1 <input type="checkbox"/> Witnessed 2 <input type="checkbox"/> Bystander CPR 2 <input type="checkbox"/> Post-arrival arrest? Initial Arrest Rhythm 1 <input type="checkbox"/> V-Fib/ V-Tach 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined | | | | | |
| L1 Initial Level of Provider <input type="checkbox"/> | | L2 Highest Level of Provider On Scene | | | | | |
| 1 <input type="checkbox"/> First Responder 2 <input type="checkbox"/> EMT-B (Basic) 3 <input type="checkbox"/> EMT-I (Intermediate) 4 <input type="checkbox"/> EMT-P (Paramedic) 0 <input type="checkbox"/> Other provider N <input type="checkbox"/> No Training | | 1 <input type="checkbox"/> First Responder 2 <input type="checkbox"/> EMT-B (Basic) 3 <input type="checkbox"/> EMT-I (Intermediate) 4 <input type="checkbox"/> EMT-P (Paramedic) 0 <input type="checkbox"/> Other provider N <input type="checkbox"/> No care provided | | | | | |
| M Patient Status 1 <input type="checkbox"/> Improved 2 <input type="checkbox"/> Remained same 3 <input type="checkbox"/> Worsened Check if: 1 <input type="checkbox"/> Pulse on Transfer | | N Disposition 1 <input type="checkbox"/> FD transport to ECF 2 <input type="checkbox"/> Non-FD transport 3 <input type="checkbox"/> Non-FD trans/FD attend 4 <input type="checkbox"/> Non-emergency transfer 0 <input type="checkbox"/> Other N <input type="checkbox"/> Not transported | | | | | |

NFIRS-6 Rev 1/01

NFIRS 5.0 SELF STUDY PROGRAM
APPARATUS OR RESOURCES MODULE: NFIRS 9

| | | | | | | | | |
|----------|---|--|--|--|--|---|--|---|
| A | FDID <input style="width:40px;" type="text"/> | State <input style="width:40px;" type="text"/> | Incident Date <input style="width:40px;" type="text"/> | Station <input style="width:40px;" type="text"/> | Incident Number <input style="width:40px;" type="text"/> | Exposure <input style="width:40px;" type="text"/> | <input type="checkbox"/> Delete <input type="checkbox"/> Change | NFIRS - 9 Apparatus or Resources |
|----------|---|--|--|--|--|---|--|---|

| B | Apparatus or Resource <small>Use codes listed below</small> | Dates and Times <small>Check if same date as alarm</small> <div style="display: flex; justify-content: space-between; font-size: small;"> Month Day Year Hours/Mins </div> | Sent <input checked="" type="checkbox"/> | Number of People <input type="checkbox"/> | Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small> | Actions Taken |
|----------|--|--|---|--|--|--|
| 1 | ID <input style="width:40px;" type="text"/> Type <input style="width:40px;" type="text"/> | Dispatch <input type="checkbox"/> <input style="width:40px;" type="text"/> Arrival <input type="checkbox"/> <input style="width:40px;" type="text"/> Clear <input type="checkbox"/> <input style="width:40px;" type="text"/> | <input type="checkbox"/> | <input style="width:40px;" type="text"/> | <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> |
| 2 | ID <input style="width:40px;" type="text"/> Type <input style="width:40px;" type="text"/> | Dispatch <input type="checkbox"/> <input style="width:40px;" type="text"/> Arrival <input type="checkbox"/> <input style="width:40px;" type="text"/> Clear <input type="checkbox"/> <input style="width:40px;" type="text"/> | <input type="checkbox"/> | <input style="width:40px;" type="text"/> | <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> |
| 3 | ID <input style="width:40px;" type="text"/> Type <input style="width:40px;" type="text"/> | Dispatch <input type="checkbox"/> <input style="width:40px;" type="text"/> Arrival <input type="checkbox"/> <input style="width:40px;" type="text"/> Clear <input type="checkbox"/> <input style="width:40px;" type="text"/> | <input type="checkbox"/> | <input style="width:40px;" type="text"/> | <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> |
| 4 | ID <input style="width:40px;" type="text"/> Type <input style="width:40px;" type="text"/> | Dispatch <input type="checkbox"/> <input style="width:40px;" type="text"/> Arrival <input type="checkbox"/> <input style="width:40px;" type="text"/> Clear <input type="checkbox"/> <input style="width:40px;" type="text"/> | <input type="checkbox"/> | <input style="width:40px;" type="text"/> | <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> |
| 5 | ID <input style="width:40px;" type="text"/> Type <input style="width:40px;" type="text"/> | Dispatch <input type="checkbox"/> <input style="width:40px;" type="text"/> Arrival <input type="checkbox"/> <input style="width:40px;" type="text"/> Clear <input type="checkbox"/> <input style="width:40px;" type="text"/> | <input type="checkbox"/> | <input style="width:40px;" type="text"/> | <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> |
| 6 | ID <input style="width:40px;" type="text"/> Type <input style="width:40px;" type="text"/> | Dispatch <input type="checkbox"/> <input style="width:40px;" type="text"/> Arrival <input type="checkbox"/> <input style="width:40px;" type="text"/> Clear <input type="checkbox"/> <input style="width:40px;" type="text"/> | <input type="checkbox"/> | <input style="width:40px;" type="text"/> | <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> |
| 7 | ID <input style="width:40px;" type="text"/> Type <input style="width:40px;" type="text"/> | Dispatch <input type="checkbox"/> <input style="width:40px;" type="text"/> Arrival <input type="checkbox"/> <input style="width:40px;" type="text"/> Clear <input type="checkbox"/> <input style="width:40px;" type="text"/> | <input type="checkbox"/> | <input style="width:40px;" type="text"/> | <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> |
| 8 | ID <input style="width:40px;" type="text"/> Type <input style="width:40px;" type="text"/> | Dispatch <input type="checkbox"/> <input style="width:40px;" type="text"/> Arrival <input type="checkbox"/> <input style="width:40px;" type="text"/> Clear <input type="checkbox"/> <input style="width:40px;" type="text"/> | <input type="checkbox"/> | <input style="width:40px;" type="text"/> | <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> |
| 9 | ID <input style="width:40px;" type="text"/> Type <input style="width:40px;" type="text"/> | Dispatch <input type="checkbox"/> <input style="width:40px;" type="text"/> Arrival <input type="checkbox"/> <input style="width:40px;" type="text"/> Clear <input type="checkbox"/> <input style="width:40px;" type="text"/> | <input type="checkbox"/> | <input style="width:40px;" type="text"/> | <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> |

| | | | |
|--|--|---|---|
| Type of Apparatus or Resource Ground Fire Suppression 11 Engine 12 Truck or aerial 13 Quint 14 Tanker & pumper combination 16 Brush truck 17 ARF (Aircraft Rescue and Firefighting) 10 Ground fire suppression, other Heavy Ground Equipment 21 Dozer or plow 22 Tractor 24 Tanker or tender 20 Heavy equipment, other | Aircraft 41 Aircraft: fixed wing tanker 42 Helitanker 43 Helicopter 40 Aircraft, other Marine Equipment 51 Fire boat with pump 52 Boat, no pump 50 Marine apparatus, other Support Equipment 61 Breathing apparatus support 62 Light and air unit 60 Support apparatus, other | Medical & Rescue 71 Rescue unit 72 Urban search & rescue unit 73 High angle rescue unit 75 BLS unit 76 ALS unit 70 Medical and rescue unit, other Other 91 Mobile command post 92 Chief officer car 93 HazMat unit 94 Type 1 hand crew 95 Type 2 hand crew 99 Privately owned vehicle 00 Other apparatus/resource | <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> More apparatus? Use additional sheets. </div> NN None UU Undetermined |
|--|--|---|---|

NFIRS-9 Revision 11/17/98

Apparatus or Resources Module Test

1. Which time is not recorded on the Apparatus or Resources Module?
 - (a) Dispatch Time
 - (b) Arrival Time
 - (c) Time Spent at Scene
 - (d) Clear Time

2. On the Apparatus or Resources Module, Rescue Unit and Breathing Apparatus Support are examples of which data element?
 - (a) Resource ID
 - (b) Actions Taken
 - (c) Apparatus Type
 - (d) Resource Use

3. Which answer is not an example of main use of apparatus?
 - (a) Suppression
 - (b) EMS
 - (c) Other
 - (d) Public Service

4. On the Apparatus or Resource Module, provide water and provide basic life support are examples of which data element?
 - (a) Resource ID
 - (b) Actions Taken
 - (c) Apparatus Type
 - (d) Resource Use

5. Which statement is true?
 - (a) The Apparatus or Resource Module is a required module for fire incidents.
 - (b) The Apparatus or Resource Module is not use for non-fire department resources.
 - (c) The Apparatus or Resource Module can be use with the Personnel Module.
 - (d) The Apparatus or Resource Module was not design for paper reporting departments.